



UNITED STATES MARINE CORPS
MARINE CORPS RECRUITING COMMAND
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

IN REPLY REFER TO:

1533

Ser 000/000

0 Jan 07

FIRST ENDORSEMENT on Midshipman Doe's Ltr 1533 of 0 Jan 07

From: Commanding Officer, Naval Reserve Officers Training Corps
(NROTC) Unit, University of Marine Corps

To: Commanding General, Marine Corps Recruiting Command (ON)

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A
SECOND LIEUTENANT AND REQUEST FOR AVIATION ASSIGNMENT IN
THE UNITED STATES MARINE CORPS

1. Forwarded, recommending appointment in the United States Marine Corps.
2. I recommend Midshipman Doe for assignment as a Naval Aviator/Naval Flight Officer if available. He is physically and mentally qualified for assignment to an aviation MOS.
3. Midshipman Doe is a (Scholarship) or (College Program) NROTC in good standing. Midshipman Doe will have completed all the prescribed requirements for a commission and will be due for an appointment on 31 May 07.
4. Midshipman Doe completed Officer Candidate School during the first increment of 2006.
5. Prior military service of Midshipman Doe is verified as follows: (If none, State "NONE")

I. M. COMMANDING

Copy to:
MIDSHIPMAN JANE S. DOE

1533
0 Jan 07

From: Midshipman 1/C Jane S. Doe XXX XX 0000
To: Commanding General, Marine Corps Recruiting Command (ON)
Via: Commanding Officer, Naval Reserve Officers Training Corps
(NROTC) Unit, University of Marine Corps

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A
SECOND LIEUTENANT AND REQUEST FOR AVIATION ASSIGNMENT IN
THE UNITED STATES MARINE CORPS

Encl: (1) ROUGH APPOINTMENT ACCEPTANCE AND RECORD (NAVMC 763)
(2) NOMI/BUMED APPROVED PHYSICAL WITH PQ LETTERS
(3) STUDENT NAVAL AVIATOR TRAINING AGREEMENT
(4) OFFICIAL ASTB SCORES SHEET
(5) CURRENT TRANSCRIPTS
(6) INFORMATION SHEET
(7) ARMS SHEET
(8) PHOTOGRAPH
(9) ENLISTMENT CONTRACTS (FORM 4)
(10) NROTC SCHOLARSHIP OR COLLEGE PROGRAM AGREEMENT
(11) BIRTH CERTIFICATE
(12) NROTC COST SHEETS
(13) SECURITY CLEARANCE

NOTE: For Midshipman previously enrolled in the Platoon Leaders Class (PLC)
Program

(14) COPY OF PLC CONTRACT
(15) COPY OF PLC DISENROLLMENT

1. (use appropriate paragraph)

I hereby apply for appointment to commissioned grade as a Second Lieutenant in the United States Marine Corps and agree to serve on active duty for a period of at least 4 years. I further agree not to resign from such Reserve prior to the eighth anniversary of the date of my original commission in the Marine Corps. (Scholarship)

I hereby apply for appointment to commissioned rank as a Second Lieutenant in the United States Marine Corps. I agree to serve 3 ½ years on active duty and not to resign from such Reserve prior to the eighth anniversary of the date of my original commission in the Marine Corps. (College Program)

2. I understand that I will be commissioned with a ground MOS. However, I am requesting assignment as a student naval aviator / naval flight officer upon commissioning.

3. I completed Officer Candidates School during the first increment of 2006.

4. My home of record and prior military service are listed on enclosure (1).

5. I do/do not have a claim pending for, or receive a pension, disability allowance, disability compensation, or retirement from the government of the United States.

JANE S. DOE



SAT NAC COMPL BY DIS

1. NAME (Last, First, Middle) DOE, JANE S.				2. SSN 000 00 0000		3. DATE OF BIRTH 800101	
4. HOME OF RECORD City: QUANTICO County: State: VA				5. GRADE APPOINTED 2NDLT		5A. CODE 01	
6. PLACE OF BIRTH (City, State or County) ARLINGTON, VA				7. MOS 7599		5B. DATE OF RANK 070531	
9. CITIZENSHIP US		9A. CODE CA		10. SEX F		11. LSL	
12. PERMANENT GRADE (For Temp. Appt. only)		12A. CODE		13. ORIG ENTRY AF			
14. RELIGION BAPTIST		14A. CODE 10		15. RACE WHITE		15A. CODE EP	
16. CONTRACT/LEGAL AGREEMENT		16A. CODE		17. PEBD			
18. COMPONENT USMC		A8A. CODE 11		19. IMMEDIATE ASSIGN. ACDU Y		20. MMS SOURCE CODE 2F	
20A. AUTHORITY 12203		20B. PROGRAM NRORES					

21. PRIOR SERVICE							
A. BRANCH/ COMPONENT	B. HIGHEST GRADE	C. ENL. OR APPT.			D. DISCHARGED		
		YR.	MO.	DA.	YR.	MO.	DA.
1							
2							
3							
4							
5							
6							
7							
8							
9							

COM DATE 070531

TBS CLASS ASG _____

YRS FINANCIAL ASST _____

EAS/ECC _____

COM TRANS NUM _____

SPL INSTR _____

763 _____

COM _____

COVER LTR _____

ORDERS _____

MAX LEAVE _____

REPORT BY _____

COMMENTS _____

OSO/NROTC UNIT UNIV OF MC

T/O _____ (date) _____ (initials)

MEDICAL RECORD

*

Patient's Identification

SSN:

Name:

Grade/Rank: /MIDN

Command: SCHOOL

Examining Facility: NAVBRMEDCLINIC

Willow Grove

Medical Record

Electronically Generated Form
STANDARD FORM 507 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41

CFR) 201-9.202-1

*U.S.GPO:1997-426-836/69075



DEPARTMENT OF THE NAVY


BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
6110
Ser M32/06UM3219340
07 Dec 2006

From: Chief, Bureau of Medicine and Surgery
To: Commanding General, Marine Corps Recruiting Command (MROR)
Subj: PHYSICAL QUALIFICATION FOR COMMISSIONING IN THE UNITED STATES
MARINE CORPS ICO NAME

Encl: (1) Clinical data on applicant.

1. Enclosure (1) is forwarded/returned.
2. Based on a review of the available medical information, the subject applicant DOES NOT meet established physical standards due to history of asthma.
3. A waiver of the physical standards IS recommended.
4. This recommendation supersedes the recommendation made in reference (a).


K. J. RONAN *for me*
By direction

Copy to:
NROTCU SCHOOL

DEC 12 2006

1. Commanding General, Marine Corps Recruiting Command
To: Commanding Officer, Marine Corps District

1. The medical waiver is approved


By direction

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER		
PRIVACY ACT STATEMENT								
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>								
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)	
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond			b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Respond <input type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE			
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS		
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)	
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)								
				Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
17. Head, face, neck, and scalp								
18. Nose								
19. Sinuses								
20. Mouth and throat								
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)								
22. Drums (Perforation)								
23. Eyes - General (Visual acuity and refraction under items 61 - 63)								
24. Ophthalmoscopic								
25. Pupils (Equality and reaction)								
26. Ocular motility (Associated parallel movements, nystagmus)								
27. Heart (Thrust, size, rhythm, sounds)								
28. Lungs and chest (Include breasts)								
29. Vascular system (Varicosities, etc.)								
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)								
31. Abdomen and viscera (Include hernia)								
32. External genitalia (Genitourinary)								
33. Upper extremities								
34. Lower extremities (Except feet)								
35. Feet (See Item 35 Continued)								
36. Spine, other musculoskeletal								
37. Identifying body marks, scars, tattoos								
38. Skin, lymphatics								
39. Neurologic								
40. Psychiatric (Specify any personality deviation)								
41. Pelvic (Females only)								
42. Endocrine								
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____				35. FEET (Continued) (Circle category)				
				Normal Arch			Mild	Asymptomatic
				Pes Cavus			Moderate	
				Pes Planus			Severe	Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)												SOCIAL SECURITY NUMBER				
LABORATORY FINDINGS																
45. URINALYSIS		a. Albumin		46. URINE HCG				47. H/H				48. BLOOD TYPE				
		b. Sugar														
TESTS		RESULTS				HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL						
49. HIV																
50. DRUGS																
51. ALCOHOL																
52. OTHER																
a. PAP SMEAR																
b.																
c.																
MEASUREMENTS AND OTHER FINDINGS																
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE		57. PULSE		
58. BLOOD PRESSURE				59. RED/GREEN (Army Only)				60. OTHER VISION TEST								
a. 1ST		b. 2ND										c. 3RD				
SYS.		SYS.										SYS.				
DIAS.		DIAS.										DIAS.				
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST				63. NEAR VISION								
Right 20/		Corr. to 20/		By		S.		CX		Right 20/		Corr. to 20/		by		
Left 20/		Corr. to 20/		By		S.		CX		Left 20/		Corr. to 20/		by		
64. HETEROPHORIA (Specify distance)																
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD		
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT								
Right		Left		PIP				/14				Uncorrected		Corrected		
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION								
										O.D.		O.S.				
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number						72a. READING ALOUD TEST		
		Date Calibrated (YYYYMMDD)						Date Calibrated (YYYYMMDD)								
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000		SAT	UNSAT
Right							Right									
Left							Left								SAT	UNSAT
72b. VALSALVA																
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)						SOCIAL SECURITY NUMBER					
74.a. EXAMINEE/APPLICANT (check one)						75. I have been advised of my disqualifying condition.					
<input type="checkbox"/> IS QUALIFIED FOR SERVICE						a. SIGNATURE OF EXAMINEE				b. DATE (YYYYMMDD)	
<input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE											
b. PHYSICAL PROFILE											
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)		
76. SIGNIFICANT OR DISQUALIFYING DEFECTS											
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED			
								SERVICE	DATE (YYYYMMDD)		
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)											
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)											
79. MEPS WORKLOAD (For MEPS use only)											
WKID	ST	DATE (YYYYMMDD)		INITIAL	WKID	ST	DATE (YYYYMMDD)		INITIAL		
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE		
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE					
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE					
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						b. SIGNATURE					
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY						b. SIGNATURE					
85. This examination has been administratively reviewed for completeness and accuracy.											
a. SIGNATURE					b. GRADE			c. DATE (YYYYMMDD)			
86. WAIVER GRANTED (If yes, date and by whom)									87. NUMBER OF ATTACHED SHEETS		
<input type="checkbox"/> YES											
<input type="checkbox"/> NO											

Form Approved
OMB No. 0704-0413
Expires Aug 31, 2003

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		

7.a. POSITION (Title, Grade, Component)

6.a. SERVICE		6.b. COMPONENT		6.c. PURPOSE OF EXAMINATION		6.d. USUAL OCCUPATION
<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Enlistment	<input type="checkbox"/> Medical Board	<input type="checkbox"/> Other (<i>Specify</i>) _____	
<input type="checkbox"/> Navy	<input type="checkbox"/> Reserve	<input type="checkbox"/> Commission	<input type="checkbox"/> Retirement			
<input type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard	<input type="checkbox"/> Retention	<input type="checkbox"/> U.S. Service Academy			
<input type="checkbox"/> Air Force		<input type="checkbox"/> Separation	<input type="checkbox"/> ROTC Scholarship Program			

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	12. (Continued)		YES	NO
10.a.	Tuberculosis	<input type="radio"/>	<input type="radio"/>	f.	Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
b.	Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	g.	Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
c.	Coughed up blood	<input type="radio"/>	<input type="radio"/>	h.	Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
d.	Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	i.	Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
e.	Shortness of breath	<input type="radio"/>	<input type="radio"/>	j.	Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
f.	Bronchitis	<input type="radio"/>	<input type="radio"/>	k.	Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
g.	Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	l.	Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
h.	Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	m.	Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
i.	A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	n.	Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
j.	Sinusitis	<input type="radio"/>	<input type="radio"/>	13.a.	Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
k.	Hay fever	<input type="radio"/>	<input type="radio"/>	b.	Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
l.	Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	c.	Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
11.a.	Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	d.	Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
b.	Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	e.	Rupture/hernia	<input type="radio"/>	<input type="radio"/>
c.	Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	f.	Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
d.	Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	g.	Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
e.	Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	h.	Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
f.	Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	i.	High or low blood sugar	<input type="radio"/>	<input type="radio"/>
g.	A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	j.	Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
h.	Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	k.	Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
12.a.	Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	l.	Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
b.	Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	14.a.	Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
c.	Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	b.	Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
d.	Numbness or tingling	<input type="radio"/>	<input type="radio"/>	c.	Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
e.	Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	d.	Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER		
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;">YES NO</td> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;">YES NO</td> </tr> </table>	YES NO	YES NO
YES NO	YES NO		
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 15.a. Dizziness or fainting spells </div> <div style="padding-bottom: 5px;"> b. Frequent or severe headache </div> <div style="padding-bottom: 5px;"> c. A head injury, memory loss or amnesia </div> <div style="padding-bottom: 5px;"> d. Paralysis </div> <div style="padding-bottom: 5px;"> e. Seizures, convulsions, epilepsy or fits </div> <div style="padding-bottom: 5px;"> f. Car, train, sea, or air sickness </div> <div style="padding-bottom: 5px;"> g. A period of unconsciousness or concussion </div> <div style="padding-bottom: 5px;"> h. Meningitis, encephalitis, or other neurological problems </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 16.a. Rheumatic fever </div> <div style="padding-bottom: 5px;"> b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i> </div> <div style="padding-bottom: 5px;"> c. Pain or pressure in the chest </div> <div style="padding-bottom: 5px;"> d. Palpitation, pounding heart or abnormal heartbeat </div> <div style="padding-bottom: 5px;"> e. Heart trouble or murmur </div> <div style="padding-bottom: 5px;"> f. High or low blood pressure </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i> </div> <div style="padding-bottom: 5px;"> b. Habitual stammering or stuttering </div> <div style="padding-bottom: 5px;"> c. Loss of memory or amnesia, or neurological symptoms </div> <div style="padding-bottom: 5px;"> d. Frequent trouble sleeping </div> <div style="padding-bottom: 5px;"> e. Received counseling of any type </div> <div style="padding-bottom: 5px;"> f. Depression or excessive worry </div> <div style="padding-bottom: 5px;"> g. Been evaluated or treated for a mental condition </div> <div style="padding-bottom: 5px;"> h. Attempted suicide </div> <div style="padding-bottom: 5px;"> i. Used illegal drugs or abused prescription drugs </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 18. FEMALES ONLY. Have you ever had or do you now have: </div> <div style="padding-bottom: 5px;"> a. Treatment for a gynecological (female) disorder </div> <div style="padding-bottom: 5px;"> b. A change of menstrual pattern </div> <div style="padding-bottom: 5px;"> c. Any abnormal PAP smears </div> <div style="padding-bottom: 5px;"> d. First day of last menstrual period <i>(YYYYMMDD)</i> </div> <div style="padding-bottom: 5px;"> e. Date of last PAP smear <i>(YYYYMMDD)</i> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 19. Have you been refused employment or been unable to hold a job or stay in school because of: </div> <div style="padding-bottom: 5px;"> a. Sensitivity to chemicals, dust, sunlight, etc. </div> <div style="padding-bottom: 5px;"> b. Inability to perform certain motions </div> <div style="padding-bottom: 5px;"> c. Inability to stand, sit, kneel, lie down, etc. </div> <div style="padding-bottom: 5px;"> d. Other medical reasons <i>(If yes, give reasons.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i> </div> <div style="padding-bottom: 5px;"> 28. Have you ever been denied life insurance? </div>		
29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

DATE: _____

Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. **The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.**

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Middle Init.			2. SSN		3. Rate/Rank	
4. Designator/MOS/NEC		5. Sex	6. Age	7. Date of Birth		
8. Known Allergies			9. Unit or School and UIC			
10. Home Address		Street		City		
11. State		Zip + 4 Code		Home Phone Number		Work Phone Number
12. Location of Health Record			13. Location of Dental Record			
14. Date of last Complete Physical Examination			15. Purpose of Examination			
16. Date of last Dental Exam		17. Type of Examination		18. Class	19. Date of last PAP and results	20. Date of last Mammogram and results
21. Date of last HIV Blood Test		22. Blood Pressure <i>Reserves Only</i>		23. Body Fat %		24. Height
						25. Weight

(Continued on Reserve)

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

1. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

() NO () YES If yes, explain:

2. Are you now, or have you been under a physician's care during the past 12 months?

() NO () YES If yes, explain:

3. Have you taken prescription medications in the past 12 months?

() NO () YES If yes, what are they?

4. Do you have any physical defect(s), family or mental problems which might restrict your performance on active duty or prevent your mobilization?

() NO () YES If yes, explain:

5. Additional comments:

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE:

MEDICAL DEPT. REP. SIGNATURE:

REVIEWING OFFICER'S SIGNATURE:

REVIEWING OFFICER'S COMMENTS:

STUDENT NAVAL AVIATOR (MARINE) TRAINING AGREEMENT

From: Midshipman 1/C NAME XXX-XX-0000

1. I understand that, should my request for guarantee of assignment to aviation training be approved, I will be commissioned with Military Occupational Specialty 1599 (Student Naval Aviator), and that I am guaranteed assignment to aviation training upon successful completion of The Basic School, provided I am physically qualified for such assignment at that time.
2. I agree not to tender my resignation for ninety-six months from the date of my successful completion of flight training as a fixed-wing aircraft pilot, or for seventy-two months from the date of my designation as an naval aviator if trained to fly any other type of aircraft. I understand that my resignation submitted prior to completion of that minimum period will normally be rejected.
3. I further agree that in the event I am separated from flight training as a result of flight failure, practical work failure, or physical disqualification, I will serve on active duty in a commissioned status for a period of four years from the date initially assigned to active duty as a commissioned officer.
4. I further agree that in the event I am separated from flight training as a result of my own request or by reason of academic failure, I will serve on active duty in a commissioned status for a period of four years from the date initially assigned to active duty as a commissioned officer, plus an extension of active service equal to the time spent in flight training.

Signature
NAME



DEPARTMENT OF THE NAVY
NAVAL OPERATIONAL MEDICINE INSTITUTE DETACHMENT
NAVAL AEROSPACE MEDICAL INSTITUTE
340 HULSE ROAD
PENSACOLA, FL 32508-1092

IN REPLY REFER TO
1588
Code 41
6 Oct 2006

NAME
STREET ADDRESS
CITY, STATE, ZIP

Dear Applicant:

Your official test results are as follows:

Academic Qualification Rating(AQR):	7
Pilot Flight Officer Rating (PFAR):	7
Naval Flight Officer Flight Aptitude Rating(FOFAR):	7
Officer Aptitude Rating (OAR):	56
Date of Testing :	28 Nov 2005
Test Answer Sheet Serial Number:	01058846-509055
Form Number:	5
Test Administered by:	NOMI Pensacola

The scores reported above are the official scores for the subject applicant. These scores supersede any previous scores that the applicant may have had. Current official scores will not expire, but will be replaced by new scores if the applicant retests. Applicants are eligible to take the ASTB three times. The first retest must occur no sooner than the 31st day following the first administration, and the 2nd and final retest must occur no sooner than the 91st day following the second administration. Previous administrations of ASTB forms (1 & 2) no longer in use do not count toward this 3 administration limit.

Questions concerning the subject applicant's eligibility for specific officer accession programs should be directed to the cognizant authority for the particular program.

Questions concerning the accuracy of these results should be directed to the Operational Psychology Department at:
DSN 922-2257 x 1060 or
Commercial (850) 452-2257 x 1060.

T. M. OLSON
Lieutenant
Medical Service Corps
United States Navy Reserve
By Direction of
the Commanding Officer



University of California, San Diego

TRANSCRIPT OF ACADEMIC RECORD

IDENTIFICATION NUMBER: A05-53-9219
DATE AND TIME PRINTED: 10/17/06 00:29 A
PAGE: 01

STUDENT NAME:

SOCIAL SECURITY NUMBER:

STUDENT LEVEL : Undergraduate

COLLEGE : Earl Warren College
DEPARTMENT(S) : Political Science
MAJOR(S) : Political Science

TRANSFER CREDIT

Ca San Diego St Univ San Diego ATTENDED: 09/03 - 12/05
TRANSFER CREDIT: 21.00

ACADEMIC EVENTS

SUBJECT A REQT SATISFIED 09/01/03
AMER HIST& INST REQT SATISFIED 09/01/03

COURSE INFORMATION

Fall Qtr 2003 Undergraduate

MATH 10A Calculus 4.00 B 12.00
POLI 11 Intro/Poli Sci:Compar Politic 4.00 B- 10.80
THGE 25 Public Speaking 4.00 B+ 13.20
TERM CREDITS PASSED : 12.00 TERM GPA CREDITS: 12.00
TERM GRADE POINTS : 36.00 TERM GPA : 3.00

Winter Qtr 2004 Undergraduate

MATH 10B Calculus 4.00 B 12.00
POLI 10 Intro/Poli Sci:Amer Politics 4.00 B 12.00
THAC 1 Introduction to Acting 4.00 A- 14.80
WCWP 10A The Writing Course A 4.00 C 8.00
TERM CREDITS PASSED : 16.00 TERM GPA CREDITS: 16.00
TERM GRADE POINTS : 46.80 TERM GPA : 2.92

Spring Qtr 2004 Undergraduate

BILD 22 Human Nutrition 4.00 B+ 13.20
PHYS 8 Physics of Everyday Life 4.00 C+ 9.20
POLI 12 Intro/Poli Sci:Int'l Relation 4.00 B 12.00
WCWP 10B The Writing Course B 4.00 B 12.00
TERM CREDITS PASSED : 16.00 TERM GPA CREDITS: 16.00
TERM GRADE POINTS : 46.40 TERM GPA : 2.90

Sum Ses I 2004 Undergraduate

POLI 104C Civil Liberties-Rts Crim&Mino 4.00 B+ 13.20
THAC 101 Acting I 4.00 A- 14.80
TERM CREDITS PASSED : 8.00 TERM GPA CREDITS: 8.00
TERM GRADE POINTS : 28.00 TERM GPA : 3.50

Fall Qtr 2004 Undergraduate

ERTH 15 Natural Disasters 4.00 B 12.00
PHYS 5 The Universe 4.00 B- 10.80
POLI 27 Ethics And Society 4.00 B+ 13.20
TERM CREDITS PASSED : 12.00 TERM GPA CREDITS: 12.00
TERM GRADE POINTS : 36.00 TERM GPA : 3.00

Winter Qtr 2005 Undergraduate

HILD 2B United States History 4.00 P .00
POLI 30 Political Inquiry 4.00 C 8.00
POLI 142J National Security Strategy 4.00 W .00
TERM CREDITS PASSED : 8.00 TERM GPA CREDITS: 4.00
TERM GRADE POINTS : 8.00 TERM GPA : 2.00

Spring Qtr 2005 Undergraduate

MATH 10C Calculus 4.00 D 4.00
MUS 15 Popular Music 4.00 A 16.00
PHYS 1A Mechanics 3.00 B+ 9.90
PHYS 1AL Mechanics Laboratory 2.00 B+ 6.60
POLI 142L Insurgency and Terrorism 4.00 B 12.00
TERM CREDITS PASSED : 17.00 TERM GPA CREDITS: 17.00
TERM GRADE POINTS : 48.50 TERM GPA : 2.85

Sum Ses II 2005 Undergraduate

POLI 102G Spec Topics/American Politics 4.00 B+ 13.20
Films and Politics
TERM CREDITS PASSED : 4.00 TERM GPA CREDITS: 4.00
TERM GRADE POINTS : 13.20 TERM GPA : 3.30

Fall Qtr 2005 Undergraduate

ERTH 30 The Oceans 4.00 B 12.00
PHYS 9 The Solar System 4.00 P .00
POLI 112A Economic Theories/Pol Behavio 4.00 B+ 13.20
PSYC 1 Psychology 4.00 C- 6.80
TERM CREDITS PASSED : 16.00 TERM GPA CREDITS: 12.00
TERM GRADE POINTS : 32.00 TERM GPA : 2.66

Winter Qtr 2006 Undergraduate

ERTH 10 The Earth 4.00 P .00
LAWS 101 Contemporary Legal Issues 4.00 B 12.00
Law and the Workplace
PHIL 10 Introduction to Logic 4.00 B+ 13.20
POLI 110J Power in American Society 4.00 B 12.00
TERM CREDITS PASSED : 16.00 TERM GPA CREDITS: 12.00
TERM GRADE POINTS : 37.20 TERM GPA : 3.10

Spring Qtr 2006 Undergraduate

MUS 4 Introduction to Western Music 4.00 P .00
POLI 100A The Presidency 4.00 A- 14.80
POLI 102C American Political Developmen 4.00 B- 10.80
POLI 145A International Politics & Drug 4.00 B- 10.80
TERM CREDITS PASSED : 16.00 TERM GPA CREDITS: 12.00
TERM GRADE POINTS : 36.40 TERM GPA : 3.03

Fall Qtr 2006 Undergraduate

ENVR 30 Environmental Issues:Nat Sci 4.00
POLI 113A E. Asia Thought/Comp Perspect 4.00
POLI 154 Spec Topic/Internatnl Relatio 4.00
Crisis Areas in World Politics

---CONTINUED ON PAGE 02---

This official university transcript is printed on security paper and does not require a raised seal.

Certified to be a correct transcript of record
Student in good standing unless otherwise indicated. Transcript void if altered



Gabriel G. Olszewski
Gabriel G. Olszewski
University Registrar



IDENTIFICATION NUMBER:

DATE AND TIME PRINTED. 10/17/06 00:29 A

PAGE: 02

STUDENT NAME:

SOCIAL SECURITY NUMBER:

-----CONTINUED FROM PAGE 01-----

TDAC 102 Acting II 4.00
TERM CREDITS PASSED : .00 TERM GPA CREDITS: .00
TERM GRADE POINTS : .00 TERM GPA : .00

-----SUMMARY-----

GRADE OPTION	UC-CRDTs ATTM	UC-CRDTs COMPL	CRDTs PSSD	UC-GPA CRDTs	UC-GRADE POINTS	UC- GPA
Letter	129.00	125.00	146.00	125.00	368.50	2.948
P/NP	16.00	16.00	16.00	.00	.00	.000
TOTAL	145.00	141.00	162.00	125.00	368.50	2.948

-----END OF STUDENT LEVEL-----

-----END OF TRANSCRIPT-----

This official university transcript is printed on
security paper and does not require a raised
seal.

Certified to be a correct transcript of record
Student in good standing unless otherwise
indicated. Transcript void if altered.



Gabriel G. Olszewski

Gabriel G. Olszewski
University Registrar

INFORMATION SHEET (REQUEST FOR MARINE OPTION)

NROTC UNIT: UNIV OF MARINE CORPS		STATUS: <input checked="" type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> FRESHMAN <input checked="" type="checkbox"/> JUNIOR <input type="checkbox"/> COLLEGE PROGRAM <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> SENIOR	
NAME: (last, first, middle) DOE, JANE S.	SSN: 000 00 0000	RACE/ETHNIC ORIGIN: EP/ <i>Plain Language</i>	
SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	DATE OF BIRTH: (YYMMDD) 800101	SON OR DAUGHTER OF MARINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DATE APPOINTED MIDSHIPMAN: (YYMMDD) (SCHOLARSHIP ONLY) 030818		DATE OF ENROLLMENT: (YYMMDD) (COLLEGE PROGRAM ONLY) N/A	
ACADEMIC MAJOR: HUMANITIES	ACADEMIC GPA: (4.0 SCALE) 3.03	ESTIMATED GRADUATION DATE: 070531	
NAVAL SCIENCE GPA: 3.01	APTITUDE GRADE: 4.42	CLASS STANDING: 2 OUT OF 25	
CRUISE APTITUDE GRADES:	SAT/ACT/EL SCORES: SAT 1010	ESTIMATED BULLDOG YEAR: 2007	
MARINE PFT SCORE: 285	HEIGHT: 69	WEIGHT: 135	CLASS SWIMMER: CWS-3
UNCORRECTED VISUAL ACUITY: 20/20	CORRECTED VISUAL ACUITY: 20/20	COLOR BLIND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
EXTRACURRICULAR ACTIVITIES: BAND, COLOR GUARD			
IF DEPENDENT OF MARINE, PROVIDE FOLLOWING: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		NAME (last, first, middle) GRADE:	
ADDRESS:			
<input checked="" type="checkbox"/> REQUIRED ARMS FORM IS PROVIDED AS ENCLOSURE (2) OF REQUEST			
<input checked="" type="checkbox"/> REQUIRED PHOTOGRAPH IS ATTACHED AS ENCLOSURE (3) OF REQUEST			
<input checked="" type="checkbox"/> CUMULATIVE ACADEMIC GPA COMPARES TO AVERAGE OF _ ATTAINED BY STUDENTS IN COLLEGE/DEGREE PROGRAM			
MARINE OFFICER INSTRUCTOR COMMENTS:			
<div style="text-align: right;">VERIFIED:</div>			

DATE:

1. SOCIAL SECURITY NUMBER										2. NAME																																																																					
0 0 0 - 0 0 - 0 0 0 0										DOE, JANE S.																																																																					
3. DATE OF BIRTH										4. SEX					5. RACE					6. ETHNIC					7.					8. NO. DEPENDENTS																																																	
800101										F					E					P										S																																																	
9. LOCAL ADDRESS																				10.																																																											
UNIVERSITY OF MARINE CORPS 3280 RUSSELL ROAD QUANTICO, VA 22134																																																																															
0 1 2 3 4 5 6 7 8 9 0 1 2 3																																																																															
																				13. ORDERS TO										14. PRIOR SVC																																																	
																				(L/P/O)																																																											
15. CONTRACT DATE										16. SCHOOL INFORMATION																																																																					
0 3 0 8 1 8										a. COLLEGE CODE										0 5 1 R					b. EDUC MAJOR										6 7 8					c. GPA					3 0 3																																		
										d. HS CODE															e. GRADUATION DATE CURR PROJ										0 7 0 5 3 1																																												
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21. TEST SCORES										B. COMPOSITE SCORES										EL																																																											
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22. PFT										2 8 5										25. PROJ COMM DATE										0 7 0 5 3 1																																																	
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES (last names, rank and branch of service--use additional sheet if necessary)																																																																															
																														YES					NO																																			YES					NO				
1. Have you ever applied or been a member of any ROTC or other officer candidate program?																														X										10. Are you now, or have you ever been on parole, probation, suspension, or other form of restraints?																																			X				
2. Have you ever failed in any military flight training program?																																			X					11. Are you a conscientious objector?																																			X				
3. Have you ever previously applied for the armed forces?																																			X					12. Have you ever been convicted or the subject of action tantamount to conviction of a drug abuse?																																			X				
4. Have you ever been rejected for enlistment in any branch of the Armed Forces?																																			X					13. Have you ever been psychologically or physically dependent upon any drugs or alcohol?																																			X				
5. Have you ever claimed or been granted a pension, disability allowance, compensation, or retired pay from the Federal Government?																																			X					14. Have you ever used non-prescribed or illegal drugs?																																			X				
6. Are you a "sole surviving" son?																																			X					15. Have you ever been a trafficker of illegal drugs?																																			X				
7. Have you ever been arrested, convicted, or sentenced by a court?																																			X					16. Do you qualify for permanent restrictions assignments? (family member, kin, 100% disability while serving in hostile fire area)																																			X				
8. Have you ever received a suspended sentence by a court?																																			X																																												
9. Have you ever been in jail, reform school, or penitentiary?																																			X																																												
Definition of "Trafficking": The commercial and wrongful sale or transfer of a controlled substance for profit, and/or the wrongful possession of a Controlled substance with the intent to sell or transfer it for profit.																																																																															
IF YOU ANSWER "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH A STATEMENT EXPLAINING THE CIRCUMSTANCES.																																																																															
I certify that the information contained in the application is true, complete and correct to the best of my knowledge and belief. I understand that knowing and willful false statements on this form can be punished by a fine or imprisonment or both. (See U.S. Code Title 18, Section 1001).																																																																															
Applicant's Signature																				MOI SIGNATURE/RANK																																																											

PHOTO

MIDN I/C NAME

XXX-XX-0000

Marine Option

NROTC SCHOOL

PFT

Pull ups: 20

Sit-ups: 100

Run Time: 19:44

Total: 289

Height: 72"

Weight: 148 lbs.

Photo: MCAS Miramar

Date: 061018

Aviation Candidate: Yes No

ASTB Taken: Yes No Scores 7/7/7

Aviation Physical Complete: Yes No

NOMI Stamped : Yes No

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087; 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME <i>(Last, First, Middle)</i>		2. SOCIAL SECURITY NUMBER			
3. HOME OF RECORD <i>(Street, City, State, ZIP Code)</i>		4. PLACE OF ENLISTMENT/REENLISTMENT <i>(Mil. Installation, City, State)</i>			
5. DATE OF ENLISTMENT/REENLISTMENT <i>(YYYYMMDD)</i>	6. DATE OF BIRTH <i>(YYYYMMDD)</i>	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* _____
this date for _____ years and _____ weeks beginning in pay grade _____.
The additional details of my enlistment/reenlistment are in Section C and Annex(es) _____.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* _____ for enlistment in the Regular component of the United States *(list branch of service)* _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand that my period in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)*

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) _____

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE (<i>Last, First, Middle</i>)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE	
D. CERTIFICATION AND ACCEPTANCE		
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (<i>If none, X "NONE" and initial.</i>) NONE (<i>Initials of enlistee/reenlistee</i>)</p>		
b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (<i>YYYYMMDD</i>)	
14. SERVICE REPRESENTATIVE CERTIFICATION		
<p>a. On behalf of the United States (<i>list branch of service</i>) _____, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p>		
b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (<i>YYYYMMDD</i>)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT		
<p>15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>		
<p>16. IN THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.</p>		
<p>17. IN THE NATIONAL GUARD (ARMY OR AIR): I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (<i>list branch of service</i>) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p>		
18.a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED (<i>YYYYMMDD</i>)	
19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION		
<p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</p>		
b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (<i>YYYYMMDD</i>)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)

NAME OF ENLISTEE/REENLISTEE (<i>Last, First, Middle</i>)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
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F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (*list branch of service*) _____ for a period of _____ years and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) _____ which replace(s) Annex(es) _____.

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED (YYYYMMDD)
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G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (*list branch of service*) _____ in pay grade _____.

b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED (YYYYMMDD)
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23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)

NROTC SCHOLARSHIP SERVICE AGREEMENT

NROTC Unit UNIVERSITY OF MARINE CORPS

DOE, JANE S.

000-00-0000

Full Name (Last, First, Middle) (type or print)

Social Security Number

1. SERVICE OBLIGATIONS INCURRED

a. By Title 10, United States Code Section 2107, I hereby acknowledge that to be eligible for appointment as a midshipman and for participation in the financial assistance program (NROTC Navy-Marine Corps Scholarship Program / NROTC Two-Year Scholarship Program) I must enlist in the U.S. Naval Reserve for the following:

(1) If entering the NROTC program from civilian life, I will enlist in the U.S. Naval Reserve for eight years;

(2) If entering from active duty, I will be released from active duty and agree to extend my enlistment to a total of eight years obligated service; or

(3) If entering from an inactive status in a Reserve component, I will be released and I will enlist in the U.S. Naval Reserve for eight years.

b. As a condition of my appointment as a midshipman, I agree that:

(1) I will major in an academic subject leading to a baccalaureate degree approved by the Commanding Officer of the NROTC unit;

(2) I will satisfactorily complete the NROTC curriculum and military requirements as required; and

(3) Upon completion of all requirements, and at the discretion of the Secretary of the Navy, I will accept an appointment, if offered, as a commissioned officer as a regular officer in the U.S. Navy or the U.S. Marine Corps and if my regular commission is terminated before the sixth anniversary of my date of rank, I will accept an appointment, if offered, in the reserve component of the U.S. Navy and not resign before that anniversary or before such other date, not beyond the eighth anniversary of my date of rank, that the Secretary of Defense may prescribe; and I will serve on active duty for four or more years.

(4) If I do not complete the four-year course of instruction, or if I complete the course but decline to accept a commission when offered, I may be ordered to active duty by the Secretary of the Navy to serve in an enlisted status for four years, or for such lesser period as the Secretary may prescribe. I understand this provision becomes binding on me upon entry into the second year of naval science courses, unless I entered the NROTC Program from active duty. In this case Title 10, United States Code 516, governs my service obligation.

NROTC SCHOLARSHIP SERVICE AGREEMENT (con't)

2. REIMBURSEMENT REQUIREMENT FOR PROGRAM INCOMPLETION

a. As a condition of receiving advanced educational assistance, I further agree that:

(1) If I fail to complete educational requirements identified in paragraphs 1b(1) and 1b(2), or for reasons of misconduct I am disenrolled, that at the discretion of the Secretary of the Navy, I will either serve on active duty as specified in paragraph 1b(4), or reimburse the United States for the educational costs expended on my behalf. Misconduct is defined as serious breach of discipline (theft, drug usage, or other serious crime or a matter of serious moral turpitude); and

(2) If I fail to complete the active duty specified in paragraph 1b(4) due to misconduct or due to circumstances surrounding an administrative separation, I will reimburse the United States for educational assistance provided to me in proportion to the amount of obligation service unserved.

b. I understand educational assistance to mean all costs related to tuition, book stipend, fees, and laboratory expenses paid by the government either directly to me or on my behalf.

3. TWO-YEAR APPLICANTS

a. I understand that prior to my appointment as a midshipman under provision of Title 10, United States Code 2107, I will attend Naval Science Institute during the summer before enrollment in the NROTC Program. Upon successful completion of the Naval Science Institute, I will enlist in the U.S. Naval Reserve, or, if a Marine Corps option student, in the U.S. Marine Corps Reserve, if I choose to enroll in the NROTC Program.

b. I understand that I incur no service obligation solely as a result of attendance in the Naval Science Institute, but failure to successfully complete this orientation will render me ineligible for appointment as a midshipman.

4. OTHER TERMS AND CONDITIONS (ALL APPLICANTS)

a. I understand the Secretary of the Navy may release me from my obligation under this agreement. I may be separated from the training program at any time if, in the opinion of the Secretary, the interests of the Navy would thereby be served.

b. I must demonstrate active scholarship status by both (1) enrolling in a college or university associated with my assigned NROTC unit and (2) actively participating in all of my registered classes and the NROTC unit each of the first 45 days after the start of the fall term or until 1 October of the fall term, whichever comes later (hereinafter the "45-day requirement."). If I fail to comply with this 45-day requirement or any other provisions of this contract, I will be liable to the institution for tuition and fees assessed by the institution for that term and my scholarship could be nullified at the sole discretion of the Navy;

c. Should I fulfill all conditions of the scholarship, including the 45-day requirement, the Navy will pay the scholarship monies to the institution retroactive to the beginning of the fall term. The 45-day requirement will apply only to the fall term of each academic year;

d. I understand to continue my eligibility in the NROTC Program I must remain in good standing at the college in which I am enrolled. As well, I must remain in good standing with the NROTC unit.

NROTC SCHOLARSHIP SERVICE AGREEMENT (con't)

I have read, completely understand, and agree without condition to the provisions of this NROTC SCHOLARSHIP SERVICE AGREEMENT.

Signature

Signature of Applicant

070101

Date

Signature

Signature of Witness

070101

Date

JANE S. DOE

Print Full Name (First, MI Last)

J. M. ORSMOND

Print Name of Witness

CONSENT OF PARENTS (OR GUARDIANS)

If the applicant is a minor (under 18), the consent of parents (or legal guardian) is required for the above NROTC SCHOLARSHIP SERVICE AGREEMENT to be valid.

I (We) consent to the applicant's acceptance of an appointment as a midshipman, to his/her execution of the above NROTC SCHOLARSHIP SERVICE AGREEMENT, which I (We) have read and understand, and to his/her service in the Armed Forces as outlined in the above NROTC SCHOLARSHIP SERVICE AGREEMENT.

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Print Name

Print Name

Date

Date

PRIVACY ACT NOTICE

This information is provided pursuant to 5 USC 301, titled "Departmental Regulations," to ensure the applicant is aware of his/her rights to benefits and understands his/her military obligation. Completion of this form is mandatory. Failure to complete this form will result in the applicant's involuntary withdrawal from the active candidates for this program.

COMMONWEALTH OF VIRGINIA

VIRGINIA STATE DEPARTMENT OF HEALTH
Division of Vital Records and Health Statistics
CERTIFICATION OF BIRTH
According to the records of the Bureau of Vital Records

STATE FILE NUMBER:
NAME OF REGISTRANT: NAME
DATE OF BIRTH: MARCH 25, 1985 SEX: MALE
PLACE OF BIRTH: ROANOKE, VIRGINIA
MAIDEN NAME OF MOTHER: NAME AGE: 23
MOTHER'S PLACE OF BIRTH: VIRGINIA
NAME OF FATHER: NAME AGE: 28
FATHER'S PLACE OF BIRTH: VIRGINIA
DATE RECORD FILED: APRIL 1985 DATE ISSUED: 04-07-86

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

Russell E. Booker, Jr.
RUSSELL E. BOOKER, JR., State Registrar

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT
UNLESS ON SECURITY PAPER WITH SEAL OF VITAL STATISTICS CLEARLY AFFIXED.
Section 32.1-272, Code of Virginia, as Amended.

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS AND HEALTH STATISTICS

Certified To Be
A True Copy

LC Connelly

CERTIFIED TO BE A TRUE COPY
M. G. MARTIN, CDR, USN

M. G. Martin

INDIVIDUAL NROTC EDUCATION PROGRAM COST

NAME JANE S. DOE	SSN 000-00-0000	DATE ENROLLED 15 JAN 2006
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NROTC UNIT
UNIVERSITY OF MARINE CORPS

TERM FALL 2005	DATES (From and To) SEP-DEC 2005	
TUITION/FEES \$ 2287.00	LAB EXPENSES \$ 375.00	TOTAL \$ 2662.00

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE 	DATE 070101
--	----------------

TERM SPRING 2006	DATES (From and To) JAN-MAY 2006	
TUITION/FEES \$ 2443.15	LAB EXPENSES \$ 375.00	TOTAL \$ 2818.15

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE 	DATE 070501
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TERM	DATES (From and To)	
TUITION/FEES \$	LAB EXPENSES \$	TOTAL \$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To)	
TUITION/FEES \$	LAB EXPENSES \$	TOTAL \$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To)	
TUITION/FEES \$	LAB EXPENSES \$	TOTAL \$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

Person Summary

NAME

Person Category

SSN:

Open Investigation: N/A

PSQ Sent Date: N/A

Attestation Date: N/A

Incident Report: N/A

SF 713 Fin Consent Date: N/A

SF 714 Fin Disclosure
Date: N/A

Polygraph: N/A

Foreign Relation: N/A

Date of Birth: 1985 03 25

Marital Status: N/A

Place of Birth: Unknown

Citizenship: U.S. Citizen

NdA Signed: No

NdS Signed: No

Accesses

Category	PSP	Suitability and Trustworthiness
Officer Candidate (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
ROTC (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
Reserve - Enlisted (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A

Person Category Information

Category Classification: N/A

Organization: 68355, 68355, 68355, 68355, VA, 24450-2697

Organization Status: N/A

Occupation Code: N/A

SCI SMO: N/A

Non-SCI SMO: N/A

Servicing SMO: No

Office Symbol: N/A

Position Code: N/A

Arrival Date: N/A

Office Phone Comm: N/A

Separation Status: N/A

Interim: N/A

Separation Date: N/A

Grade: N/A

PS: N/A

RNLTD: N/A

Office Phone DSN: N/A

TAFMSD: N/A

Proj. Departure Date: N/A

Report Incident

Proj. UIC/RUC/PASCODE: N/A

In/Out Process

Investigation SummaryNLC from OPM, Opened: 2005 05 11 Closed 2005 05 22

Adjudication SummaryPSI Adjudication of NLC OPM, Opened 2005 05 11, Closed 2005 05 22, determined
Eligibility of Secret on 2005 06 16 DoNCAF

External InterfacesPerform SII SearchDCII

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